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Deployed Veterans Returning From War To The Workplace —WDVA Provides Education for Employers and Staff

By Tom Schumacher

Soon after the Global War On Terror began, I experienced a steady number of questions from employers about returning warrior-workers of the Washington State National Guard and military reserves. These inquiries initially came from a variety of government agencies, but increasingly the calls have originated from smaller, family owned businesses all the way to large corporations. Typically the calls have to do with the changes witnessed in the returning worker. Sometimes the concerns involve fear of what might happen next in what the caller sees as an escalating series of events. Other times the employer is surprised to see one of their best workers make a complete reversal following years of high productivity and excellent co-worker relationships. Common complaints include, loss of focus, irritability, and verbal conflict with co-workers.

In the process of addressing some of these concerns, I have talked with veterans directly. More frequently help has been provided in the form of educating the employer and staff about the nature of war exposure and readjustment.

Since these requests have surfaced several times, I developed a short PowerPoint presentation, focusing on various elements of the pre-deployment, deployment, and post-deployment experiences in the workplace. Some agency or company staff members are very connected to the citizen-soldier's mobilization and deployment, to the point of keeping in touch the entire time the employee is on active duty status. Email and cell phones have linked some soldiers to the workplace in ways that makes it seem they have both never left, and have brought part of the war directly to the office or work site. The resulting stress has led employers to be interested in seeking help.

Special Reentry Issues

Close psychological proximity of warrior with staff and war zone, have added special layers to the 'return to work' scenario. This includes apparent vicarious stress reactions, periods of worry and grief, and even resentment of the deployed worker by those who see the veteran obtaining inordinate levels of attention. I have even come to know

about employment settings where coworkers have played tricks on the returning warrior in an effort to elicit a startle response or other "reaction." While more rare, these situations are not very optimistic signs that the employer has taken every opportunity to have an honest discussion about what many National Guard and reservists have experienced in Iraq, Afghanistan, and elsewhere in the world.

Generally, many of these re-entry issues, and strained co-worker interpersonal problems, can be repaired, but not always. Too often (40% in my sample of 11 cases) the veteran resigned his or her employment before an intervention could be offered. Two of these cases have involved retirement-vested state employees who had held their jobs very successfully from 7 to 15 years. Their leaving will produce a loss of "corporate knowledge" creates many problems that often take a years to recognize and even longer to repair.

Staff and Employer Worries and Fears

In the process of learning about and making attempts to intervene on behalf of the veteran, I have catalogued a set of worries and fears voiced by veteran co-workers, business owners, human resource departments, managers, and veterans themselves. These include:

- Staff anxiety and worry about the potential of "saying the wrong thing" to the returning soldier.
- Fear of the veteran's anger or violence.
- Verbal or physical abuse.
- Over-controlling interpersonal exchanges—loss of the ability to process information.
- What to do if a "flashback" occurs.
- Concern over excessive emotionality—conflict over differing views of the war.
- Over-attachment to one or more staff members. (This comes up when one staff member is in close contact during the deployment via Email or cell phone.)
- Abrupt or unpredictable behavior—drivers who might react to traffic or crowded settings.
- Authority issues.

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- Being upset about office roles, promotions or other changes that occurred while the employee was deployed.
- Mood swings and hyperarousal reactions.
- Startle responses.
- Environmental stimuli that may trigger a reaction.
- Cognitive ability changes—“head injuries or emotional problems.”
- Severe depression, substance abuse, and self-harm.

Supervisor Responsibilities

Before offering the workshop to the staff, I meet with the supervisory staff. The organizational structure of the agency or business becomes better understood and I work with their strengths. Supervisors must be committed to being open and receptive before I do my PowerPoint/discussion presentation to the staff. Supervisors must be able to hear the concerns of coworkers, and be willing to accept the responsibility of meeting routinely with the veteran. Support and feedback to the veteran is essential to reintegration, communicates to the whole staff that the agency or company is committed to having the veteran succeed. This type of intervention also means addressing any troubling behavior on the part of the veteran: excessive drinking, taking drugs, other issues that are clearly wrong for the workplace. Further, the supervisor and other staff need to learn as much as possible about the subtle signs of readjustment and PTSD and be ready to refer for counseling. This includes understanding how to use consultation, seeking an appropriate referral resource, and setting consequences for not seeking help when problems become incompatible to the workplace.

Separating Warrior from War

Several employers have expressed a great interest in knowing just how to recognize or celebrate the returning soldier's duty in the war zone. This becomes more difficult for some staff who hold differing views about the war, however, since Vietnam and other wars, we seem to have made cultural progress in distinguishing national war policy from the warrior. Nevertheless, some co-workers (about 10%) expressed resentment about the “special” treatment of the warrior-civilian-worker. These views may have to do with strong political views, but may also reflect deeper workplace resentments, personality conflicts, or historical troubles with the deployed and now returned soldier. When co-workers met as a group, and these resentments emerged, it was interesting to see other staff members remind others of the nature of combat zone duty, and the fact that most guard members never really expected they would be deployed to a shooting war.

In more healthy organizations, supervisors and managers seem to be willing to play their roles as listener, peacemaker, and a manager for all staff members. The very act of hearing all concerns in the process group before the soldier returns, was the high water mark among companies or agencies who encourage everyone in the organization or unit to have their concerns put on the table. The PowerPoint presentation offers several examples of potential points of conflict, along with ideas for the manager to seek resolution.

I borrowed portions of a presentation, *Eight Battlefield Skills That Make Life in the Civilian World Challenging*, by James

Munroe, Ed.D., Boston VA Healthcare System. This list can be summarized as a handout and staff encouraged to place these in a location that they may see it often. The list reminds civilian workers that going to a war zone is very difficult, requires a new lifesaving skill set, and it would be highly unlikely if any returning soldier did not demonstrate residual use of these skills for months after returning.

8 Battlefield Skills That Make Life in the Civilian World Challenging

1. Need for safety.
2. Trust and knowing the enemy is a constant effort.
3. Mission orientation is prime.
4. Decision making does not involve process, but split second conclusions.
5. Response tactics or quick reactions are essential for life.
6. Intelligence control is critical—tell only what others need to know to complete the mission.
7. Emotional control is essential to staying alive—staying numb emotionally can be troubling to many civilian co-workers.
8. Talking about the war requires the teller to re-experience the memories and emotions. In the civilian world this could result in the veteran telling “too much” and might lead to rejection by civilians. Consequently, many combat veterans continue to stay numb and without emotion.

If contractors or other therapists, would like to review the PowerPoint presentation—*When the civilian-warrior comes home...And back to work*, please send me an email at tom@dva.wa.gov I would be please to help fine tune the presentation for your use with a particular agency or company. ##

Kokorowski Submits Article on Treating Homeless Veterans

Frank Kokorowski, MSW, clinical social worker for the King County Veterans Program, together with co-author Steven Freng, Psy.D., also of King County, submitted an article to the journal *Primary Prevention* for a special edition focused on homelessness. Their article, “*The Fluid Phase Model: An Approach to Treating a Complex Homeless Population*” articulates the application of the Phase Oriented treatment of PTSD for a population of homeless veterans treated at the Veterans Program. The article describes embedding case management with psychotherapy in order to provide for safety, security and predictability in the lives of homeless veterans. The authors show by case example how case management inserted into the psychotherapy adds much needed help to the veteran by assisting and directing the veteran to financial, housing, and medical services. As the authors observe, “*The Fluid Phase Model* adapts well to the various types of shelter settings and services available to persons who are homeless.” EE ##

VA Data Loss Scandal Heats Up: Senator Murray Decries Damage Done to Washington Veterans

When I told my father of my plan to join the air force, he tried to discourage me. "Son," he said. "You'll only be a number." Actually, the air force served me well for four years and I have no complaints, and, fortunately, no disability claims. Because, if I had filed a claim, my number would be among the millions given up by the putative Maryland burglary. I'm thinking that since I was discharged in 1962, I won't be in that group that was exposed, although, as one veteran observed, the number exposed accounts for just about all the U.S. military veterans.

So far, there has been no evidence that the missing data is being used, but we can rest assured that a large number of veterans will have their credit damaged anyway, causing them to cry out righteously, and we will never know.

Washington's dauntless defender of veterans, Senator Patty Murray, has expressed well the outrage in the *Seattle PI* [6/13/2006], but veterans I have seen, all of whom are probably compromised by the loss of data, seem surprisingly quiet. Most of them have an ongoing relationship with the VA, but they don't talk about the scandal. It's as if they're not surprised. *Saving Private Ryan* revived an old GI slang: the acronym FUBAR: which is roughly translated as fouled up beyond recognition.

The Secretary of the Department of Veterans Affairs, Jim Nicholson, is being raked over the hot coals of congressional committees and he, too, expresses his anger at what has happened. The culprit, the VA employee who took the data home, revealed that he'd been doing it for the past three years. This was against VA policy, according to Secretary Nicholson. But then, later, the news reports that the employee was authorized to work at home. I can remember that not very long ago a VA Regional Office employee was discovered hiding case files in his desk. What would be worse, having ones data exposed to theft, or hidden from gain?

When a WDVA contractor had his briefcase stolen from his house during a burglary, he notified each of the clients whose reports were involved. Those veterans also were forgiving. It seems we are all living in a world in which technology is advancing quicker than our minds can make sense of the implication of the changes. We are like primitive people at the edge of the forest, both needing its harvest and knowing we are its prey. The shaman casts a spell and we feel protected, knowing also that the spell is illusion.

Thieves are caught by using technology, and thieves use technology to steal from us. I am reminded that occasionally a postal carrier goes mad and throws all his mail into the creek. I guess we're all at risk when institutions demand more from their employees than they can realistically produce at the office. In late breaking news [*Seattle PI*, 6/30/2006, p. A10] we find out that the data has been found, the laptop turned in, apparently for \$50,000 reward. The data, they say, has not been tapped. The VA, we are assured by the Secretary, has learned a lot from this. EE ##

Persistent Dissociation a "Risk Factor" for PTSD

John Briere, Ph.D., Catherine Scott, M.D., and Frank Weathers, Ph.D., recently published their research analysis of the role of dissociation in the diagnosis of PTSD. [Peritraumatic and Persistent Dissociation in the Presumed Etiology of PTSD, *American Journal of Psychiatry*, 2005, 162(12), 2295-2301.] They write, "Most theorists suggest that dissociation is a defensive process in which an individual develops the capacity to separate himself or herself from the psychic and physical pain associated with exposure to traumatic events.... This dissociative capacity, in turn, is thought to be used by the individual in future painful circumstances (including during activated trauma memories) as a way to down-regulate his or her experience of acute psychological distress..." (p. 2295). The authors examined the roles of peritraumatic dissociation and persistent dissociation in predicting PTSD.

Briere, Scott, and Weathers studied two groups: one group of 52 "trauma-exposed residents of a southern U.S. community" who were recruited through newspaper ads and flyers. A second group consisted of 386 respondents of a "random mailed survey" drawn from a normative study of PTSD assessment. The first group averaged age 35.9, and the age the second was averaged at 45.2 years. Both groups were given surveys related to PTSD and dissociation (pp. 2296-2297). In examining their results with regression analysis, the authors reported: "When all variables were considered simultaneously..., peritraumatic distress and peritraumatic dissociation were no longer related to PTSD, whereas persistent dissociation, disengagement, and emotional constriction continued to be significant predictors" (p. 2298). They elaborated, "Univariate analyses in study 2 indicated that the persistence of dissociative symptoms after trauma predicted over a third of the variance in PTSD diagnosis" (p. 2298).

In their discussion, Briere, Scott, and Weathers state: "Overall, the findings of studies 1 and 2 suggest that the primary risk for PTSD is less whether one dissociates during (or soon after) a traumatic event than whether such dissociation persists over time. Although it is possible that peritraumatic and persistent dissociation reflect the same underlying phenomenology and function, the temporal component of this response appears to be critical" (p. 2299).

The mechanism that, in theory, provides a rational for why persistent dissociation contributes to PTSD, resides in the idea that dissociation that is specific to the trauma blocks normal trauma processing by decreasing normal exposure and desensitization to memories and affects associated to the trauma (p. 2299).

(Continued on page 4, see *Dissociation*.)

War Zone Deployment and School-Aged Children

—An effort to address secondary stress in the classroom

By Tom Schumacher

As June marks the end of school for the 2005-06 school year, I want to let our readers know that WDVA, King County Veterans Program, the Office of the Superintendent of Public Instruction (OSPI), the WDVA PTSD Program, and others are working to build additional capacity to help the children of our soldiers and veterans. This marks a stronger and more mindful, if not new, emphasis in the 23 year history of the PTSD Program.

It is always a bit of a surprise how shifts-of-focus happen in the life of a service program such as the PTSD Program. If you are too busy to consciously embrace a new and much needed direction or activity, the idea or activity may have to embrace you first. This is what happened in March of this year. I was waist-deep in several projects, running over budget, and two days from the annual PTSD Contractors Conference, when I was asked to put together a presentation for OSPI relating to the impact of the war zone deployment, homecoming, vicarious and secondary readjustment stress as related to the emotional and intellectual functioning of school aged children. The presentation was to be offered on the state-wide educational TV network, a closed circuit system that allows all schools in the state to access in real time, or later if a given school district missed the presentation *in vivo*. Fortunately, when I worked for 17 years in community mental health, I offered contracted assessment and consultation services to various K-12 schools, Job Corps, and Head Start, along with a clinical case load. But, it has been over 16 years since my last classroom assessment, or child or adolescent psychological evaluation.

The experience of children who are under significant stress, with one or both parents deployed to a war zone, was no real mystery. The PowerPoint presentation went well enough. The larger success was that I met Mona Johnson of OSPI. Mona, it turns out, is the state coordinator services to school aged children with military parents. This includes those children of parents deployed to war zones, back from the war, and all adjacent phases in between. At about the same time I recalled talking with Dan Comsia, one of our King County PTSD Contractors, about his work in the schools. He directs a program that essentially identifies and helps children who demonstrate special needs, including the stress of deployment. A near perfect fit for Mona's program efforts, and for our interest in increasing service to returning military members and families.

While writing this short item for the RAQ, the web of this outreach effort to assist children has taken on an even wider scope and depth. The number of people and agencies who are interested in helping children find and maintain their emotional and intellectual resiliency in the face of stressful times, is truly remarkable. In the past week, two additional governmental agencies, a private corporation, and a large private foundation focusing on childhood experiences that impair school successes, and other, have indicated strong interest in creating a partnership for these important activities.

Hopefully, over the next few months we will see education and consultation for teachers and school counselors that will help them identify how deployment, stress reactions, and PTSD among the parents of school aged children, can have upon emotional wellbeing and intellectual functioning. Furthermore, once identified, we hope to make certain that affected children and parents are offered the best care and support possible, acting to reduce stress, offer community based resources and connections and activities, as well as individual, couples, and family treatment needed to manage the secondary affects of war exposure. With the next few weeks, I expect that we will be able to hold a working summit on behalf of children affected by the war. ##

(Dissociation, Continued from page 3.)

Comment

A number of combat veterans have reported dissociating during particularly frightening experiences in combat or while anticipating the outbreak of fighting. Some clients report that they also recall dissociating during childhood, especially during episodes of abusive discipline. What seems significant, given the observation of Briere, Scott, and Weathers, is when traumas are experienced serially, as is common in both ongoing child abuse and tours of combat. Helicopter pilots report placing their emotions in a box and flying in a state of dissociation when the bullets fly. They describe going into a hot LZ, hovering amidst the green tracers, while troops jump off and casualties are brought aboard. This sort of dissociative episode may be repeated nearly every day for weeks and months. When off duty, the pilot then engages in some form of avoidance, heavy drinking, gambling, etc., and then repeating the dissociative experience the next day.

What follows, as the authors observe, is a war veteran who then proceeds through civilian life with emotional constriction. His lack of responsiveness may be seen by some casual observers as cool steadiness, but intimates find that there is little emotional that ever emerges. What emotion that does come out of the veteran, unfortunately, is irritability and anger.

It may be important in understanding that the veteran's PTSD may be formed not so much from the fact that he dissociated during a firefight, but that he dissociated repeatedly over many occasions. Such clients may also dissociate in our offices when describing combat actions, as the authors observed. The implication is that while the combatant went through the experiences that were traumatic, he did not process the emotions. Even later, when the combatant was safe, the processing did not occur, so that while the event could be recalled with some factual accuracy, the emotional impact is not experienced—which will likely interfere with later emotional responsiveness. EE ##

Seattle Veterans Homeless Court Established

The King County Veterans Program is circulating a flyer announcing the establishment of a "Homeless Veterans Court" that is designed to help homeless veterans who have misdemeanor and even low-grade felony warrants eliminate the charges if the veteran can establish that he or she has made some effort to make a positive change. The changes shown can be evidence of successful participation in a treatment program, employment, housing, education, or other meaningful movements toward progress. This program does not apply to veterans who are already in jail. The program does, however, have a fairly liberal criteria for establishing veterans status. For instance, the veteran may have any kind of discharge. The program is willing to go along with sketchy information regarding credentials if the veteran is willing to participate.

Local service providers will recommend participants. The spirit of the Seattle Veterans Homeless Court is stated: "The court will recognize efforts the individuals have made to address issues which drove criminal behavior by quashing those warrants." The Homeless Court will operate quarterly in a formal setting in a homeless shelter, the William Booth Center. The Public Defender will do a warrants search for the participating veteran and then contact the City Attorney. Essentially, the Homeless Court is looking for offenders who are unlikely to re-offend.

Providers who have clients who may be eligible should contact Dave Chapman, Associate Counsel for the Accused, at 206 624 9339. Mr. Chapman emphasizes that "no information will be given to the City Attorney without the client's express permission." He adds that the client's information and communications are protected by the attorney-client privilege. After the City Attorney reviews the information, he or she will communicate the attorney's intent to the Counsel for the Accused and a court hearing will be scheduled. Mr. Chapman emphasizes that the client will be fully informed as to the expected outcome before he or she appears at the court. The goal is to build trust. "Everyone who walks into the courtroom should know the outcome and be able to make a decision before the day of the hearing."

Besides the Seattle Municipal Court, the program will be able to work with other jurisdictions outside King County, including other states, to engage in similar participation. Mr. Chapman notes also that the King County Prosecutor has expressed willingness to consider review of felony warrants as well.

The spirit of the Seattle Veterans Homeless Court, which will be held quarterly, appears to be a wish to build trust with participants and eliminate one of the reasons why individuals become alienated from society and remain homeless. EE ##

QTC Contracts With Federal VA Under Scrutiny

By late 2005, QTC Management was granted the contract to conduct all the C&P exams for the entire state of Washington. The Sunday *Seattle Times* reprinted an article originated in the *Los Angeles Times*, written by Walter F. Roche, Jr. ("VA deals benefit former chief's firm: Company gives vets medical exams: Contracts could be worth \$1.2 billion" 4/23/2006, page A6). The *Times* addresses the news that the former director of the Bush Department of Veterans Affairs, Anthony Principi, was the president of QTC before he took the office. "Immediately after his appointment to head the VA, Principi appointed a task force to study the large backlog of veterans' claims. The panel lauded the performance of QTC and recommended the VA continue or expand the medical-exam program." The *Times* adds the observation, "Principi said he had nothing to do with that favorable review or the recommendation. The chair of that panel later was appointed a top deputy to Principi." The *Times* article notes that the new contracts were awarded to QTC after giving rival contractors only 30 days to submit proposals and no other bids were submitted. "Some competitors said they learned of the new contract only after it was awarded."

The *Times* noted that Mr. Principi left the VA and returned to QTC as chairman of the board. "While it (QTC) collected \$8 million in 1998, it collected \$69.1 million in 2005."

The *Times* reporter made a comparison of the prices of exams. "A QTC hearing exam, for instance, averaged \$495.55 compared with \$89.80 for an in house exam. For a general medical exam, QTC's average cost was \$393.52 compared with a VA average of \$225.58..." The article goes on to observe that Mr. Principi had two sons who saw "combat service" and that the former VA director stated that "Caring for these young men and women we send to war is the only thing that motivates me whether I'm in public service or in any aspect of business, where their interests are at stake." Old veterans may wonder why they did not enter into the statement. EE ##

RAQ Retort

The *Journal of Traumatic Stress* doesn't invite comment, but we do. If you find that you have something to add to our articles, either as retort or elaboration, you are invited to communicate via letter or Email. And if you have a workshop or a book experience to tout, rave or warn us about, the RAQ may play a role. Your contributions will make a difference. Email the editor or WDVA.

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Variables For a Good Retirement—Longitudinal Study Follows Inner-City Males Over 60 Years to Retirement

In Greenland, when the year's tour of isolated duty was nearing an end, airmen wore a short-timer's ribbon, which was a decoration off a particular whiskey bottle. It meant various things. Don't expect much from this worker. Don't hold a long-winded conversation, he may not be present at the end. The ribbon was a taunt to the others of one having done the time.

Retirement has a kind of short-timer's gloat, although the end of a tour is not the same as the end of one's life. George Vaillant, MD, began a study in 1970, following a large group of inner-city men (n=279), who had been previously studied as non-delinquent comparison subjects for a study of juvenile delinquency. They were chosen as comparison subjects for a longitudinal study of privileged Harvard college students. They were given a physical exam every five years and followed with questionnaires and periodic interviews. [Vaillant, G., DiRago, A., & Mukamal, K. Natural History of Male Psychological Health, XV: Retirement Satisfaction, *American Journal of Psychiatry*, 2006, 163(4), 682-688].

Vaillant, et al, observed that attrition culled the ranks of their subjects, particularly of those in poor physical health, including the alcoholics and depressed. They found that those who retired early were the physically and mentally disabled who possessed the smallest pensions. They report, "The results of the analysis suggested that for the study group as a whole, preretirement mental health and physical health were relatively more important than job status" (p. 685). In terms of retirement satisfaction, the authors noted "The men who said they found retirement satisfying were two to three times as likely to report enjoying relationships, volunteering, and play (hobbies), compared with those who said they found retirement unsatisfying" (p. 685).

Vaillant, et al, offered hope to those afflicted in early and midlife: "The most surprising finding...was that the inner-city men who most enjoyed retirement were not just those who at retirement were free from physical disability or possessed handsome pension funds. Even more noteworthy, the hallmarks of midlife psychosocial maladjustment—poor work histories, inability to make friends and depression—were equally distributed between the most and the least happily retired men at age 70-75 years" (p. 685). The authors cited marital enjoyment, positive mental health (sanguine temperament), and the ability to play as being factors for late life enjoyment of retirement.

"In summary, the very risk factors associated with bleak young adulthood...and the very risk factors associated with bleak midlife adjustment appeared to exert relatively little effect on whether the men, followed since 1940, currently enjoyed retirement. Although poor health and poor psychosocial adjustment often precipitated early retirement, once retirement occurred, neither poor health nor premature re-

tirement was associated with reported levels of retirement enjoyment" (pp. 687-8).

Vaillant, et al, cite other studies that support their finding "that marital satisfaction and sanguine personality style, rather than income or health, appear to be the most significant sources of retirement satisfaction" (p. 688). The authors give two case examples of men who found either satisfaction or dissatisfaction in retirement. One case was of a man who had poor school and job history, and was alienated from family, but who found his niche as a dealer in a gambling casino, enjoyed reading about the civil war, rated his marriage as satisfactory and had a good relationship with his offspring. Vaillant, et al, contrasted this man with a man who was diligent in his schooling and work, successful in his work, in fact poured a great deal of energy into his work, was forced into retirement because of arthritis, rated his marriage in steadily declining satisfaction, and had no interests in his life outside his stamp collection and pride in his children.

Play

Vaillant, et al., conclude their article with a paragraph that this reviewer has read to several clients: "Perhaps the most important adjunct to happy retirement, besides a sense of purpose and a good marriage, was learning how to play again. 'Play' is defined as behaviors that are highly gratifying to the individual and that do not injure the social order, do not contribute to the gross national product, and do not necessarily evoke societal praise or encouragement. Play not only appeared to provide a new lease on life for some men who as adults had earlier failed at working and loving, it also provided a means of actively exploring and enjoying the relationship of self to the outside world. Unlike in the world of work and love, in the world of play, the people in the outside world need not respond" (p. 688).

Comment

The Study of Adult Development, following two contrasting groups of men for their entire adult lives, gives us a great unbiased picture that no retrospective study could provide. The message is heartening for persons who have been afflicted by psychological traumas, who have suffered setbacks in work and relationships, and who have been forced into retirement in midlife. The encouraging words are instructive: develop satisfying relationships at some level and find something to do that is interesting. Don't bother about it being productive or warranting social esteem, only make it be something that is enjoyable and interesting.

The trick about the short-timers ribbon was that the airman was going back to a world where life was better and offered more of what was desirable. When I was in Greenland, I imagined spending my savings on a hip sports car and driving to my next assignment with the top down. Entering retirement does not, if we follow Vaillant, et al, require that we have a fat pension, faithful relationships, or a good job history, it only requires that we be able to be proactive in creating activities that are interesting—that we be able to in some way play. EE ##

Israelis Conduct 20-Year Longitudinal Study of Lebanon War Veterans—Observe Midlife Symptom Increase

Consistent with their usual thoroughness, Israeli psychologists Zahava Solomon and Mario Mikulincer published the results of a 20-year longitudinal study of veterans of their 1982 Lebanon War [*American Journal of Psychiatry*, 163(4), 659-666]. The authors use data from previous follow-up research on the veterans at points 1, 2, and 3 years after the war. They chose as subjects 131 veterans who had as combatants been treated for combat stress reaction, and a comparison group of 83 combat veterans who had not been so identified. They note that the prolonged nature of the study required them to stay with DSM-III diagnostic criteria. They did, however, factor in the DSM-IV “F” criteria, which states: “The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.”

Comparing the two groups at the 4 points of observation, Solomon and Mikulincer state: “The results show that in the first year, the combat stress reaction group had a 10.57 higher odds of meeting DSM-III PTSD criteria than the comparison subjects. In the following 2 years, the odds among the veterans with combat stress reactions were 5.15 and 5.41 higher, respectively, than those among comparison subjects. After 20 years, the odds among veterans with combat stress reaction were 3.09 higher than among those of the comparison subjects. When criterion F was added, the odds among combat stress reaction casualties of meeting criteria in the 3 years after the war were 8.64, 11.53, and 9.63 respectively, higher than those among comparison subjects, and 4.68 higher 20 years after the war” (pp. 660-661).

While the authors observe that most veterans of the Lebanon War did not exhibit PTSD symptoms, speaking to the resilience of the majority, they made the point that combat stress reaction veterans were consistently endorsing more symptoms than the comparison group. “One possible explanation is that the severe psychological distress on the battlefield is not a minor wound but represents a major rupture. Combat stress reaction is the culmination and epitome of a process in which the individual is stripped of his sense of safety and mastery and experiences the full thrust of his vulnerability and existential helplessness” (p. 664). They also noted that combat stress reaction is entirely functional and therefore differs from acute stress disorder. They suggest that clinical attention be paid to the issue of functional impairment that results from stressors that disrupt homeostasis. Solomon and Mikulincer observe that the number of symptoms declined steadily for the first three years after the war, but rose again in the fourth assessment point 17 years later. “The unexpected increase in posttraumatic symptoms 20 years after the war may be related to the interplay of post-

traumatic residual vulnerability, the course of disease, the aging process, and the unremitting threats of terror in Israel. The chronic nature of PTSD renders trauma victims vulnerable for life, and midlife is a particularly high-risk period for either delayed onset or reactivated PTSD. Midlife generally entails some reduction in activity and a shift from planning to reminisce and from occupation with current events to the review and rethinking of one’s life” (p. 664).

Apropos our current Wars on Terror, the authors make the point that research has consistently indicated that the recovery environment plays an important role in the maintenance and reactivation of symptoms...” (p. 664). They note that the terrorist tactics of the intifada created periods of both civilian and military casualties impacting the Lebanon War veterans’ readjustment.

Solomon and Mikulincer note that among the comparison group, delayed onset was “quite prevalent (23.8%) and increased in time” (p. 665). They assert that delayed onset is often met with skepticism in medico-legal circles, but has now been empirically documented. They urge other follow-up studies to validate their results, asserting that their finding “calls for professional attention to be given to aging individuals who were severely traumatized in their youth” (p. 665).

Poignantly apropos for the U.S. Wars on Terror, Solomon and Mikulincer close their article by stating that their findings “suggest that the detrimental effects of combat are deep and enduring and follow a complex course, especially in combat stress reaction casualties. PTSD, being the only disorder that distinctly stems from exposure to an external traumatic effect, often entails medicolegal and political implications for soldiers who are sent by their nations to war. Our findings suggest that these men need long-term monitoring and professional attention. Finally, the exacerbating effects of aging that reawake past traumatic wounds, as well as the implications of a stressful postwar environment such as the ongoing state of terror, raise the need to increase awareness with regard to war-induced PTSD” (p. 665).

Comment

The Israeli authors choice of the term “medicolegal” is a likely reference to claims for disability compensation that frequently result from experiences that are traumatic. The Department of Veterans Affairs, as an arm of the U.S. government, will from time to time complain about the number of veterans who receive disabilities for PTSD. One need only go to page 8 of this issue of the newsletter to observe that there will be no reduction in such claims in the near future. EE ##

National Center for PTSD Describes Assessment and Treatment of Returning War Veterans

Matthew J. Friedman, M.D., Ph.D., writing in the *American Journal of Psychiatry*, described a composite case study, "Mr. K." as an example of assessment and treatment of returning war veterans [Posttraumatic Stress Disorder Among Military Returnees from Afghanistan and Iraq, 2006, 163(4), 586-593]. He observed: "A common denominator for many returnees is the experience of having sustained anticipatory anxiety about potential threats to life and limb at any hour of the day and at any place within the theater of operations. For many, such a sustained combat-ready orientation to the environment results in a pervasive and uncontrollable sense of danger. In Mr. K's case, this has resulted in a preoccupation with concerns about the personal safety of his family, manifested by being hyper-vigilant, overprotective parenting, grabbing the steering wheel from his wife because of a perceived threat, and keeping a loaded firearm within reach at all times" (p. 587).

Dr. Friedman cautions diagnosticians to not make too quick a diagnosis, as "postdeployment difficulties for a particular patient may be par for the course and simply a minor setback in an otherwise normal readjustment trajectory" (p. 588). He gives a handy four step "Primary Care PTSD Screen" (p. 589) in which 3 out of 4 marked 'yes' warrant further investigation.

"In your life, have you ever had any experience that was so frightening, horrible, or upsetting, that, in the past month, you...

- 1. Have had nightmares about it or thought about it when you did not want to?*
 - 2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?*
 - 3. Were constantly on guard, watchful, or easily startled?*
 - 4. Felt numb or detached from others, activities, or your surroundings?"*
-

Dr. Friedman outlines the risk and protective factors in screening for PTSD in returnees and specifies danger to others, suicide risk, ongoing stressors, risky behaviors, personal characteristics, social support, and comorbidity. He notes the special issues related to some veterans as they return to civilian life, specifically the issue of stigma, the phenomenon of National Guard and reservists returning abruptly to civilian life without the buffer of active duty. He notes that such veterans have endured the loss of civilian income and displacement from family without the support of the military way of life. He also specifies the stressors of military sexual trauma and those who survive with serious physical injury. He noted that research with Vietnam War veterans indicates a greater risk for

PTSD among those who are severely injured.

Dr. Friedman presents a list of medications and dosages that are commonly prescribed for PTSD, including "indications and contraindications" (p. 590). He makes a strong case for cognitive behavior therapy as the psychotherapy of choice. He makes a curious assumption in his discussion. "*Cognitive therapy and cognitive processing therapy* focus on the trauma-related erroneous automatic thoughts associated with PTSD. Typical erroneous cognitions include perceiving the world as dangerous, seeing oneself as powerless or inadequate, or feeling guilty for outcomes that could not have been prevented. Cognitive therapy is the technique through which the therapist challenges such distorted beliefs, thereby enabling patients to overcome intolerable trauma-related emotions such as guilt and shame" (p. 591).

Dr. Friedman correctly observes that the research on treatment options for PTSD are based on what he terms "monotherapies" and that many patients are given more than one therapy concurrently, such as a psychotherapy and medication, or multiple medications. It is also not uncommon for a veteran with PTSD to be in a group psychotherapy, while also receiving individual psychotherapy or couples therapy and chemotherapy.

The author summarizes his review by assuring us that most veterans returning from our Wars on Terror will readjust without exhibiting symptoms warranting diagnosis. However, he advocates that "practitioners should routinely inquire about war-zone trauma and associated symptoms when conducting psychiatric assessments. Treatment should be initiated as soon as possible, not only to ameliorate PTSD symptoms but also to forestall the later development of comorbid psychiatric and/or medical disorders and to prevent interpersonal or vocational functional impairment. If evidence-based practices are utilized, complete remission can be achieved in 30%-50% of cases of PTSD, and partial improvement can be expected with most patients" (p. 592).

Comment

The statement that it is erroneous to believe that the world is a dangerous place illustrates the danger of clinician bias. It may not be dangerous for some most of the time, but it certainly is dangerous for many some of the time. The cognitive reframing should not assert that the world is *not* dangerous, but that the civilian in the U.S.A. should not always function as though the danger were imminent. The clinician risks losing his or her credibility by frosting reality with sweet wishes. That the world *feels* dangerous to a returning war veteran *is* the reality. EE ##

Post War Readjustment vs. PTSD —A Question of Goodness of Fit

The Fall edition of *The Repetition & Avoidance Quarterly* [2005, 10(2), p. 5] reviewed an article on the co-occurrence of substance use disorders and various disorders, including PTSD. [Brady, K. & Sinha, R., Co-occurring mental and substance use disorders: the neurobiological effects of chronic stress, *American Journal of Psychiatry*, 2005, 162, 1483-1493.] The article drew two responses published in the March issue of the *Journal*. One letter from Harold Kudler, MD, addressed the issue of adaptive factors in returning combat veterans, which he said was “given short shrift” in the article, the other letter addressed nicotinic receptors in schizophrenics. Drs. Brady and Sinha mentioned both letters, but replied only to the second, curiously completely ignoring Dr. Kudler’s point.

Dr. Kudler wrote: “This clustering of diagnoses raises the question of whether a single biological defect or set of defects can be identified as a lynchpin of traumatic stress. It remains unclear whether some individuals are biologically predisposed to one or more disorders based on preexisting vulnerabilities or if life experiences with specific psychological meanings endured under extreme social pressure (including the complex disruption of deployment and the intense bonding of soldiers under fire) alter otherwise fit neuroendocrine and neuro-anatomical systems—right down to gene expression—to produce disorders of traumatic stress” [2006, 163(3), p. 552].

Dr. Kudler observed that while about 20% of the combat returnees develop diagnosable disorders, “virtually all combat veterans face serious readjustment challenges. The practical problems of most returning veterans might be better understood, expressed, and discussed in terms of adaptive struggle rather than neurobiological illness. When soldiers return with hypervigilance, hyperarousal, intrusive traumatic memories, and emotional withdrawal, we might be more help to them, their families, and their communities (including their military units) if we frame their current state as necessary and even successful adaptation to deployment rather than a mental disorder.” Dr. Robert Becker made essentially the same statement in a recent *Journal* editorial reviewed in the last *RAQ* [10(3), p. 9].

Dr. Kudler’s observations caution clinicians and family members to think in terms of “ongoing dynamic balance” having to do with an evolving “goodness of fit” rather than with psychopathology.

Comment

It may be that Drs. Sinha and Brady did not have a grasp of the social aspects of PTSD, such as are prevailing as a result of the current Wars on Terror. The fact that they completely ignored the issue in their response, while at the same time thanking Dr. Kudler, perhaps reveals a split in the mental health and scientific communities. We as community clinicians have the obligation *not* to respond to a few symptoms as if it were a full blown disorder, labeling a veteran for the future. EE ##

ISTSS To Meet In Hollywood

The International Society for Traumatic Stress Studies announced that Hollywood, California, will be the meeting site for its 22nd annual meeting on November 4-7, 2006. This year’s theme is “The Psychobiology of Trauma and Resilience Across the Lifespan.” The Society’s president, Dean Kilpatrick, Ph.D., and the meeting’s co-chairs Lucy Berliner, MSW, and Sandro Galea, MD, described the goals and themes of the upcoming meeting, which will highlight three areas of concern:

“1) A lifespan perspective regarding the risk of trauma and its consequences.

“2) Perspectives on resilience and trauma, given exposure to potentially traumatic events; and

“3) The relationships among genetic, biological and psychosocial factors predicting traumatic stress, resilience and treatment of trauma-related problems.”

The Program Committee chairpersons elaborated on the points. “Another goal of the conference is to encourage presenters who work in these various areas to communicate with one another and integrate these important threads in traumatic stress studies in order to move the field forward.” Writing in the ISTSS newsletter, *Traumatic Stress Points*, [2006, 20(1)] they expressed their philosophy. “The Program Committee believes that failure to understand what each of these perspectives has to offer is a major barrier to improved assessment, treatment and research. Therefore, the committee encourages submissions that address more than one of these perspectives or that ‘translate’ key concepts, models, procedures and findings from genetic, biological or neuroscience approaches to the traumatic stress field for those who are traumatic stress professionals but who lack expertise in these perspectives.”

CE Credits

The meeting will be held at the Renaissance Hollywood Hotel. CE credits are available from the meeting’s workshops and lectures. Attending all the sessions can usually net about 20 or more credits that will be highly relevant to the PTSD program therapists. The WDV and King County Veterans Program contracts allow for up to \$300 in reimbursement for attending.

In the past, when several therapists from the program have attended, the conversations between meetings and over meals have been stimulating, giving the feeling that we are privy to material that will be coming out a year or two later in the professional journals. One begins to appreciate what it must be like to live or work in Renton and be “ahead of the curve.”

Attending the sessions, one also has a chance of meeting not only the stars of ISTSS, but mental health professionals from around the world. And then this year there is also the opportunity of putting one’s foot in the footprints of movie stars that are imbedded in cement for all time. EE ##

Movie Review:

The War At Home—The War Veteran & Family

Reviewed by Emmett Early

Posttraumatic stress disorder is, if anything, a stress on family life. It is especially so for the veteran who returns to the family of his birth, but with a new set of values and memories of combat. Emilio Estavez directed and starred as a veteran returning from the Vietnam War in the 1996 family drama *The War At Home*. He directed his father, Martin Sheen, and Kathy Bates as his father and mother, along with Kimberly Williams as his younger sister, Karen. The movie strives for authenticity. The screenplay was by James Duff, from his play *Homefront*.

The director Estavez has his hands full directing actor Estavez and keeping him from becoming a burden in his own film. He plays Jeremy, who at one time in the film wears a Screaming Eagle patch on his fatigue shirt, indicating that he was attached to the 101st Airborne. He has flashbacks through the course of the film, which involve him in combat. These come on him, usually when he is alone in the back yard, and are depicted in full battle conditions with other troops, explosions, and napalm. Some of the time we see Jeremy in civilian clothes with his platoon in combat gear. Estavez plays Jeremy brooding and glaring most of the time. The film could have used a few light moments, but for the most part Estavez keeps the action intense.

The Waco, Texas, PTSD Unit staff are credited as advisors to the film. Jeremy lives in his middle class Texas home. His father is an auto salesman, apparently running his own Cadillac dealership. Jeremy occupies his old bedroom and attends the local college. He had, before the war, been a music student, and he haunts his former girlfriend, who performs on piano for the class. She is now living with another guy and apparently her letters tailed off during the course of Jeremy's tour. His presence so rattles her that he drops the class for her sake.

The center of the drama is the family and its thorny dynamics. The problem of the film is that while it is very real, it is not very good drama. Estavez cannot avoid the sinkhole of bathos. Kathy Bates' mother is all too real as a long suffering housewife who is underappreciated and cannot see the effects of her incessant manipulations and demands on the other members of the family. "I'm not screaming," she says at one point after scolding Jeremy, "I'm just using my loud voice." Martin Sheen's father is a caring man who tries to connect with his son, misses the relationship that they had before the war, but cannot penetrate the veteran's brooding numbness.

Estavez's Jeremy cuts no slack to anybody. It seems that the harder the family tries to connect with him, the more he glares at them in apparent disgust. His mother says at one point, "War doesn't make you rude to your parents."

The story unfolds when family comes for Thanksgiving dinner and a young man Jeremy's age, apparently his cousin, it is revealed had a high draft number and didn't go into the military. Jeremy, to his misfortune, had an 8. In the final confrontation with his father, Jeremy reveals his resentment over having asked his father for money to flee to Canada, but his father insisted that

that he do the honorable thing. The flashbacks seem to center around one combat action in which Jeremy's platoon find a VC in a hole and after a period of violent interrogation, the lieutenant orders Jeremy to shoot the enemy soldier as the platoon moves out. Jeremy struggles and cannot bring himself to execute the man until he imagines him to be his father. This he relates to his dad at the end of the film as he has a .45 pointed at his father's head.

Jeremy in fact terrorizes his whole family, points the pistol at each member, even holding his sister in a headlock with the gun in her face. His self indulgence in violent reenactment displays a dangerous kind of posttraumatic narcissism. A narcissism that results when someone feels that he or she is special because of the traumas endured. He cannot communicate beyond brooding and glaring. (With Estavez the glare has many emotional nuances.) Narcissism takes Jeremy beyond the symptom of numbing avoidance. His presence makes one reach out to help, only to meet with a rebuff. In the last scene, at the bus station, when Jeremy is buying a ticket to California, the unusually beautiful ticket clerk asks him, "Are you all right?"

True as *The War At Home* is to the problem of the returning war veteran's struggle for a good fit, as a drama it fails to hold its audience. Family members bicker over who ate the peanut brittle that mother made for Thanksgiving Day. True, this happens in every household, and add a war veteran with PTSD to the dynamics and the intensity increases, but a whole movie of this kind of wrenching, mundane struggle becomes relentless and off-putting. I fortunately had taped the movie, so that I could take a break. I don't need to be always entertained in my movie-watching, but I do need to be relieved from the constant morass of a family in crisis.

Posttraumatic Narcissism

We see posttraumatic narcissism in the veterans as they approach compensation for disability. They want to get what they deserve. They served their country and were traumatized and their country owes them something. Rightly so, but there is also a narcissistic petulance that Jeremy exemplifies, that communicates to those who care (and those who don't) that no one can understand who wasn't there. In Jeremy's case, as with many veterans, he has emotions that he is apparently incapable of expressing. It would take a director well above Estavez's skills to visually express the verbally inexpressible and keep the audience in the drama. Having a central plot device moving the film, what Hitchcock called a McGuffin, would help. For example, see the excellent family drama involving the war veteran in Eugene Corr's *Desert Bloom*, set around the first A-bomb test in Nevada.

The message is clear, stated in various ways this issue of the *RAQ*, that war doesn't end on the battlefield, but continues at home, in the homeland of the warrior. ##

Movie Review:***Jarhead* — “Are we ever going to get to kill anyone?”**

Reviewed by Emmett Early

Jarhead plays with war movie clichés set in the contrasting traditions of old fashioned marines in a high tech war that is fought without them. Director Sam Mendes lets the clichés play on themselves: the boot camp obscenities, initiation into a new outfit, (in this case, 2nd platoon, Golf company,) the fear and taunting about the infamous fabled Jody. We know that marines are branded by their military experience, and Mendes takes the branding literally, as USMC iron is heated with a blowtorch. The party in the barracks circa 1990 has rappers break dancing.

Consistent with the theme of war movie clichés, *Jarhead* features the two most prominent movies about the Vietnam War. It has the marines robustly cheering the Wagnerian helicopter assault on a Vietnamese village in *Apocalypse Now*. And when the marines are in Saudi, one marine's wife sends him a video movie of *Deer Hunter*, which might be a pun on Dear John. The movie turns out after the credits to be a home movie of his girlfriend in coitus with her neighbor. She taunts the poor marine as he watches aghast while his comrades cheer.

Jarhead is about marines who train for combat, go off to a real war in the desert, Desert Storm, and never get to fire a shot. They are fired on, by “friendly” warthog anti-tank aircraft. They get to see the detritus of war, the blackened, smoking wreckages of vehicles trying to escape from Kuwait back to Iraq. Sam Mendes manages to create a truly surreal scene as the marines on the march encounter the grisly scenes of carnage, after those same warthogs and their ilk have attacked the crowded highway. Blackened corpses look at once like victims of volcanic explosions, splattered and emulsified as if by alien spaceships, and the A-Bomb victims at Hiroshima.

The same technology that kills all the enemy before the marines arrive cannot make their radios work. They march into fields of burning oil wells. Reddened by fire, the blackened sky rains oil. In a spooky scene, a horse approaches a marine, a symbol of bollixed nature, covered slick with oil. The horse seems to be on his last legs, snorting desperately. We are assured in the ending credits that SPCA certified that no animal was harmed making the movie, although we know from the news at the time that the whole Kuwait zoo was slaughtered by vengeful Iraqis.

Jarhead has some excellent casting. The screenplay is by William Broyles, Jr., based on a book by Anthony Swofford. Swofford is the name of the protagonist, played by Jake Gyllenhal. We follow him as he completes boot camp, maligned and harassed by the DI (Scott MacDonald) in classically sadistic tradition. The embedded star of the show, is Staff Sergeant Sykes, played with panache by Jamie Fox.

The movie definitely picks up pace when Staff Sergeant Sykes struts in. In one surrealistic scene, as the marines are dug in watching the oil wells blazing in the night, Staff Sergeant Sykes tells Swofford, in a moment of sentimental revelation, how much he loves his job. Swofford could be a marine in any war walking through the aftermath of an artillery or air strike. He stares at the charred corpses, human road kill, and vomits. “Hoorah!”

Jarhead, which is about the war in the desert of the Middle East, was filmed in Mexico, California, and Arizona. It is a hypermasculine “Hoorah!” that lusts for battle. The song at the very end of the credits sums up the theme: “All my life it was my dream to be a bad ** U.S. Marine.” The only line in the film spoken by a woman on screen is delivered deliciously by a TWA airline flight attendant as a rejoinder to a marine on board, mocking his masculinity.

The marines in *Jarhead* fire each other into Dionysian revelry. They faint having a homosexual orgy before a visiting female reporter. This follows a prolonged football game performed in desert heat in full haz-mat protective gear. During a bombastic Christmas party an almost naked Santa cavorts as liquor is poured down the throats of the revelers from a jerry can. (The Christmas tree evolved from a Dionysian ceremonial tree adorned with the corpses of sacrificial victims.)

Perhaps the spookiest scene in the film comes as Staff Sergeant Sykes insists that the marines quaff a pill, having them first sign a liability waiver for the pharmaceutical company. Staff Sergeant insists that the pill is necessary as an antidote for the type of nerve gas that Iraqis used on the Kurds. This theme develops as one chemical threat follows another until the war turns into an ecological disaster, as it seems all wars have. The same marines who are urged to “hydrate” with bottles of water, who are obviously at the peak of their physical prowess, become warriors who are prey. They are told by a briefing officer when they arrive in country to maintain a “constant state of suspicious alertness.”

Jarhead ends giving a brief look at the marines as war veterans back home. One is dead, one has long hair, Swofford is viewed sitting home alone in a room. They have all had their breakdowns in the face of combat that never really happened, the prey of forces that make wars happen. As they ride on a bus together in a victory parade, a haggard Vietnam War veteran, bedecked with insignia, boards the bus and shouts a hollow cry that falls absolutely flat, “*Semper Fi!*” Then he follows it with, “Mind if I sit down?” ##

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Director of the King County Veterans Program is
 Joel Estay.

King County Veterans Program, which also provides vocational counseling and emergency assistance, is located at 123 Third Ave. South, Seattle, WA....206 296 7656.

To be considered for service by a WDVA or King County contractor, a veteran or veteran's family member must present a copy of the veteran's discharge form DD-214 that will be kept in the contractor's file as part of the case documentation. Occasionally, other documentation may be used prove the veteran's military service. You are encouraged to call Tom for additional information.

It is always preferred that the referring person telephone ahead to discuss the client's appropriateness and the availability of time on the counselor's calendar. Contractors are all on a strict and tight monthly budget, however, contractors in all areas of the state are willing to discuss treatment planning.

Some of the program contractors conduct both group and individual/family counseling. ##

Other Veterans' Mental Health Services:

Seattle Vet Center 206 553 2706	Yakima Vet Center 509 457 2736	Seattle Puget Sound Health Care
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